



Parents of Special People, Inc.
a parent run 501c3 charity benefiting the special needs community

Project Funding Application for Requests under \$100.00

Project Title: _____

School/Organization: _____

Specific Program which will benefit: _____

Applicant's Name & Contact Info: _____

Co-applicant(s) & Contact Info: _____

Amount Requested: _____

Please provide a brief description of the project for which you are requesting funding. Include beginning and ending dates for the project. Specify how the funds will be spent.

Applicant Signature & Date: _____

Supervisor/Principal's Signature & Date: _____

Director of Special Services Signature & Date: _____

Superintendent/CEO/Mayor/Council Signature & Date: _____

All applications for Projects under \$100 can be emailed to pospnews@gmail.com or mailed to:
Parents of Special People, Inc., P.O. Box 302, Matawan, NJ 07747